





## **DECLARATION AND POWER OF ATTORNEY**

(Original Application)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

Therapeutic Modulation of the Tumor Inflammatory Response
the specification of which is attached hereto and/or was filed on January 9, 2001 as Application
No.

I hereby state that I have reviewed and understand the contents of the aboveidentified specification, including the claims, as amended by any amendment referred to herein.

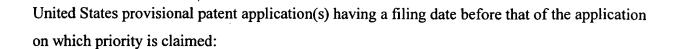
I acknowledge the duty to disclose information which is material to patentability in accordance with Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d), of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

## **FOREIGN PRIORITY APPLICATION(S)**

|          |           |                        | Priority Claimed [] Yes [] No |
|----------|-----------|------------------------|-------------------------------|
| (Number) | (Country) | (Day/month/year filed) | - (,                          |
|          |           |                        | _ [] Yes [] No                |
| (Number) | (Country) | (Day/month/year filed) |                               |

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional patent application(s) listed below and have also identified below any



## **PROVISIONAL PRIORITY PATENT APPLICATION(S)**

|  | ••                             | Priority Claimed [] Yes [] No      |
|--|--------------------------------|------------------------------------|
| (Application No.)                        | (Filing Date)                  | [] 165 [] 140                      |
|  |                                | Priority Claimed [] Yes [] No      |
| (Application No.)                        | (Filing Date)                  |                                    |
| And I hereby appoint                     | the registered attorneys and   | agents associated with AKIN,       |
| GUMP, STRAUSS, HAUER & FI                | ELD, L.L.P., Customer No.      | 000570, as my attorneys or         |
| agents with full power of substitution   | n and revocation, to prosecut  | e this application and to transact |
| all business in the Patent and Trader    | nark Office connected therev   | vith.                              |
| Address all correspon                    | ndence to Customer No. 000     | 570, namely, AKIN, GUMP,           |
| STRAUSS, HAUER & FELD, L.I               | .P., One Commerce Square,      | 2005 Market Street, Suite 2200,    |
| Philadelphia, Pennsylvania 19103.        | Please direct all communicati  | ions and telephone calls to Gary   |
| <b>D. Colby</b> at 215-965-1285.         |                                |                                    |
| I hereby declare that                    | all statements made herein of  | f my own knowledge are true        |
| and that all statements made on info     | rmation and belief are believe | ed to be true; and further that    |
| these statements were made with the      | knowledge that willful false   | statements and the like so         |
| made are punishable by fine or impr      | isonment, or both, under Sec   | tion 1001 of Title 18 of the       |
| United States Code and that such wi      | llful false statements may jeo | pardize the validity of the        |
| application or any patent issuing the    | reon.                          |                                    |
| Full name of sole inventor, if any Eugen | ne Roussel                     |                                    |
| Inventor's Signature                     |                                | h.D.                               |
| Date January 11, %                       | 201 /                          |                                    |
| Residence Houston, Texas                 |                                |                                    |
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